

POSITION DESIRED

HOW DID YOU HEAR ABOUT US? YELLOW PAGE SIGN RECRUITED INTERNET OTHER AVAILABLE FOR TEMP YES NO DATE _____

NAME (Please print carefully - use ink) ADDRESS CITY STREET ZIP RES. PHONE / BUS. OR MESSAGE PHONE EMAIL ADDRESS:

SOCIAL SECURITY # YEARS IN UNIVERSITY OR BUSINESS COLLEGE (Give Name and Location) MAJOR MINOR DEGREES OTHER LANGUAGES SPOKEN

SALARY PRESENTLY RECEIVING LEAST ACCEPTABLE SALARY LOCATION PREFERRED DRIVERS LICENSE # HAVE YOU AN AUTOMOBILE? CAR LICENSE #

GIVE NAMES AND ADDRESSES OF ANY INDIVIDUAL TO WHOM WE MAY WRITE OR PHONE (in Confidence) FOR REFERENCE CONTACT IN CASE OF EMERGENCY PHONE # RELATIONSHIP

Permission To Check References:

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

Signature _____

CHECK YOUR ACTUAL SKILLS (✓)

- Certified Public Accountant
- Controller
- Accountant, Sr.
- Accountant, Jr.
- Cost Account
- Tax Account
- Bookkeeper, Full Charge
- Bookkeeper, Assistant
- Credit Clerk
- Payroll Clerk
- AP
- AR
- Cost Clerk
- Collector
- Good at Figures
- Adding Machine
- Shorthand Speed
- Speedwriting
- Typing Speed Elect
- Typist - Biller
- Typist - Statistical
- Dictaphone/Ediphone
- Order Desk
- General Office
- Customer Service
- Data Entry
- Computer and/or Word Processing Programs Used
- MS WORD _____
- MS EXCEL _____

GIVE COMPLETE RECORD OF EXPERIENCE - STARTING WITH LAST POSITION

MONTH AND YEAR	FIRM NAME AND ADDRESS	TYPE OF BUSINESS	NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR	POSITION HELD OR TYPE OF WORK YOU DID	SALARIES YOU RECEIVED	REASON FOR LEAVING
FROM					FROM \$ TO \$	
TO					FROM \$ TO \$	
PHONE #						
FROM					FROM \$ TO \$	
TO					FROM \$ TO \$	
PHONE #						
FROM					FROM \$ TO \$	
TO					FROM \$ TO \$	
PHONE #						
FROM					FROM \$ TO \$	
TO					FROM \$ TO \$	
PHONE #						

Have you listed with other agencies? Yes No

Please list Agencies 1. _____ 2. _____ 3. _____ 4. _____

Have you been on other interviews Yes No

Where (List Companies): 1. _____ 2. _____ 3. _____ 4. _____

Where are you pending? 1. _____ 2. _____ 3. _____ 4. _____

References checked Yes No Date _____ By _____

Sent To: _____ Attn: _____ Time _____ Date: _____ 20 _____

Feedback: _____

Phone _____ Pending Hired

J.O. # _____ Position: _____ Solicited By: _____

Sent To: _____ Attn: _____ Time _____ Date: _____ 20 _____

Feedback: _____

Phone _____ Pending Hired

J.O. # _____ Position: _____ Solicited By: _____

Sent To: _____ Attn: _____ Time _____ Date: _____ 20 _____

Feedback: _____

Phone _____ Pending Hired

J.O. # _____ Position: _____ Solicited By: _____

Sent To: _____ Attn: _____ Time _____ Date: _____ 20 _____

Feedback: _____

Phone _____ Pending Hired

J.O. # _____ Position: _____ Solicited By: _____

Temporary Employer	Phone #	J.O. #	Start Date	Position	JO/Fill	Pay Rate/ Bill Rate	End Date
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

BILLING INFORMATION - PLEASE PRINT

Employer: _____

Employer Address: _____

City: _____ Zip _____

Attn: _____ Phone: _____

Sal.: _____ Fee: _____ Start Date: _____

J.O. #: _____

SOL: _____

Filled: _____



Comet Employment Agency, Inc.

"Specialist in Office Support" • Permanent/Temporary Placement

POLICIES AND PROCEDURES

Congratulations on your temporary assignment with Comet Employment Agency, Inc. The following information should provide you with the proper procedures to follow as a "Temporary" employee of Comet Employment, Inc.

Please complete the top half of your time card at the end of each week or the end of your assignment, should that be prior to the end of the week. Your supervisor must sign the time card on the last day of each week that you are on assignment. In addition, **any overtime worked must be authorized and initialed** by your supervisor next to the overtime hours. Once it has been completed, **fax us your timecard on Friday afternoon** (Fax 562-696-1946), so that we can generate our billings. We do want the hard copy of your time card. You may either mail it or bring it with you when you come in to get your paycheck. Paychecks are issued on Tuesday afternoons (for the previous work week) after 3:00 p.m. We will give you a new time card at that time.

We assume that you will be in to pick up your check unless you indicate to us that you want it mailed. We cannot be responsible for delivery time on checks that are mailed. **Your check will not be released to anyone other than yourself without verbal or written authorization from you.**

In the event that you lose your check, a ten day waiting period is required before we will issue a replacement. There will be a \$25.00 stop payment charge that you will be responsible for. If your check has been mailed and is lost in the mail, we cannot be responsible. Again, the stop payment charge will be absorbed by you. The \$25.00 fee is the bank charge for us stopping payment on the check.

In the event of illness or any problems that arise which would prevent you from getting to work, call our office to inform us, or leave a message on our answering machine if we are not in.

If you should encounter any condition at the job site that you consider unsafe, please call our office. Should you be offered employment at a company that has employed you as a "temporary" through Comet Employment, Inc., anytime during or after your assignment, please inform us immediately and we will handle the arrangements for your permanent employment.

We wish you well on your temporary assignment. Thank you for using Comet Employment, Inc.

Employee

Date

White Copy - Employer Yellow Copy - Please retain for your records

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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Employee Information Release

Employees may want certain information released to potential employers by their former employer. The following is a waiver which may be given to terminating employees who want their former employer to release reference information.

I, _____ (name), hereby authorize
_____ (employer) to provide information
about my employment with said Company to any prospective employer. The Company may release the following
information:

Employee
Initials:

_____ Dates of employment
_____ Job title
_____ Last range of pay
_____ Eligibility for rehire
_____ Other information as follows: _____

I acknowledge by my signature that my former employer is released from any and all claims, demands or liabilities arising out of or in any way related to the disclosure of the information above. By initialing the item(s) above, I acknowledge that I have authorized my former employer to release such information. I have read and reviewed the foregoing Release and I understand its contents.

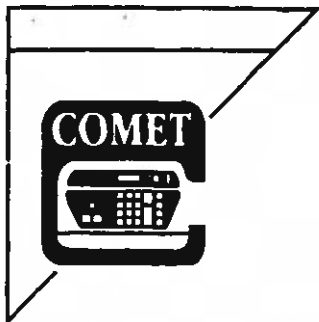
CAUTION: THIS IS A RELEASE. READ BEFORE SIGNING.

Executed at _____, California,
City

on _____
Date

Employee's Signature

Signature of Employer Representative



Comet Employment Agency, Inc.

"Specialist in Office Support" • Permanent/Temporary Placement

TEMPORARY PLACEMENT

I understand that subsequent to working a temporary assignment, if an employer who I have worked for should offer me employment, I will notify Comet Employment Agency to make the arrangements.

I have read the Office Safety and Health booklet and understand it. If I should encounter any condition at the job site that appears *unsafe* or if I should sustain an injury while at work, I will call Comet Employment Agency, immediately, if possible, or no later than twenty-four hours after such an incident.

I have read and understand both the EDD pamphlet "State Disability Insurance" and the pamphlet "Your Guide to Workers' Compensation", provided by State Compensation Insurance Fund.

Under the terms of your employment with us, you must notify us immediately if the client company requests that you leave their premises for any reason. Due to liability issues, please refer the client to us, if any such request occurs.

I understand that if I should have access to the use of a company computer I will not use the computer for anything other than the job related duties

Date: _____ Signature: _____

Unlawful Harassment

Comet Employment Agency, Inc. is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, gender, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. *All such harassment is unlawful.* The Company's anti-harassment policy applies to all persons involved in the operation of the Company and prohibits unlawful harassment by any employee of the Company, including supervisors, coworkers and any other persons. It also prohibits unlawful harassment based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Prohibited unlawful harassment includes, but is not limited to, the following behavior:

- Verbal conduct such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations, or comments;
- Visual displays such as derogatory and/or sexually-oriented posters, photography, cartoons, drawings, or gestures;
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race, or any other protected basis;
- Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss, and offers of employment benefits in return for sexual favors; and
- Retaliation for reporting or threatening to report harassment.

If you believe that you have been unlawfully harassed, submit a written complaint to your own or any other Company supervisor, the president, or the personnel administrator of the Company as soon as possible after the incident. You will be asked to provide details of the incident or incidents, names of individuals involved, and names of any witnesses. Supervisors will refer all harassment complaints to the personnel administrator, investigative officer, or the president of the Company. The Company will immediately undertake an effective, thorough, and objective investigation of the harassment allegations.

If the Company determines that unlawful harassment has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by the Company to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to, and including termination. A Company representative will advise all parties concerned of the results of the investigation. The Company will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management, employees or co-workers.

The Company encourages all employees to report any incidents of harassment forbidden by this policy *immediately* so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing investigate and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office is listed in the telephone book.

Signature: _____

Date: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Comet Employment Agency to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

Initials Drug testing in pre-employment physicals has become commonplace. Employers may require that you successfully pass a pre-employment drug screen as a condition of hire.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature

Confidentiality Agreement

I, the undersigned employee, understand that in the course of my employment with Comet Employment Agency, Inc., I may have access to and become acquainted with information of a confidential, proprietary or secret nature which is or may be either applicable or related to the present or future business of the Company, its research and development, or the business of its customers. Such trade secret information includes, but is not limited to, devices, inventions, processes, compilations of information, records, specifications and information concerning customers and/or vendors.

I agree that I will not disclose any of the above mentioned trade secrets, directly or indirectly, or use them in any way, either during the term of my employment or at any time thereafter, except as required in the course of my employment with the Company.

I further understand that I am an at-will employee of this Company and that this agreement is not to be construed as constituting a promise of continued employment.

Name of Employee

Signature of Employee

Date

No Solicitation of Customers or Employees Policy

The employee agrees that all customers of Comet Employment Agency, Inc. for which the employee has or will provide services during the employee's employment by the employer, and all prospective customers from whom the employee has solicited business while in the employ of the employer, shall be solely the customers of the employer.

The employee agrees that, for a period of one year immediately following the termination of employment with the employer, he/she shall neither directly nor indirectly solicit business as to products or services competitive with those of the Company, from any of the company's customers with whom the employee had contact within one year prior to the employee's termination.

The employee further agrees that for a period of one year after termination of employment, the employee will not directly or indirectly induce or solicit any of the company's employees to leave their employment.

Signature: _____

Date: _____

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent. **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.**
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2009
1 Type or print your first name and middle initial. Last name		2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	